

Nonrefundable Application Fee	\$ 50.00	Make Checks Payable to the State of Alaska
Initial License Fee	\$ 135.00	
TOTAL	\$ 185.00	

We understand that if there is any change in partners, the Department of Commerce, Community, and Economic Development, Division of Occupational Licensing, must be notified within 30 days of that change.

Names and Certificate Numbers of Partners Holding Alaska Certificates		
Name	Title	Certificate Number

Names and Certificate Numbers of All Other Partners (use additional paper if necessary)

Name	Title	State	Certificate Number

PROFESSIONAL FITNESS (AS 08.04.480) – The following questions must be answered:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you or any partner ever been convicted of any criminal offense, other than minor traffic violations (convictions include Suspended Imposition of Sentence), under the laws of any state or of the United States?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you or any partner ever had your certificate, license or permit to practice public accountancy suspended, revoked or otherwise acted upon by any licensing board?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or any partner ever had your certificate, license or permit to practice public accountancy denied renewal in any state for any cause other than failure to pay a required fee in that state? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of these questions, please submit a detailed statement of explanation and legal documentation, if applicable. All information supplied with applications is considered public information except information considered confidential by state or federal law.

I CERTIFY THAT, to the best of my knowledge, the statements contained in this application are true and correct. I understand that any false or misleading information herein may result in failure to obtain registration and licensure in the State of Alaska.

Signature of Managing Partner

Date of Application

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public

SEAL

My Commission Expires: _____

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Occupational Licensing
Alaska State Board of Public Accountancy
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-3811
E-mail: license@commerce.state.ak.us
Website: www.commerce.state.ak.us/occ.htm

VERIFICATION OF NONRESIDENT CPA PARTNERSHIP

Part I

Instruction to Applicant: Type or print the information needed to complete Part I of this form. If you are a nonresident partnership, please have the state in which you established original licensure as a partnership complete this form. Upon completion of Part II, the state agency must return the form directly to the Division of Occupational Licensing.

Name of Partnership: _____

Mailing Address: _____

Daytime Telephone Number: _____

Signature: _____ Date Signed: _____

PLEASE DO NOT DETACH

Part II

The above-named Partnership is applying for a permit to practice with the Alaska Board of Public Accountancy. Please verify the information requested below, and **return the form directly to the Division of Occupational Licensing at the address at the top of the page**. The verification is not to be returned to the applicant. In lieu of this form, the State of Alaska will accept a standard computer verification that provides approximately the same information.

Licensee's Name as Shown on your Records: _____

License #: _____

Original Issue Date: _____ Current Expiration Date: _____

Status: ☐ Current ☐ Inactive ☐ Lapsed ☐ Other: _____

Have Partners met your state's Continuing Education Requirements? ☐ Yes ☐ No

List derogatory information, if any _____

(BOARD SEAL)

Signature: _____

Printed Name: _____

Return to: Division of Occupational Licensing
P.O. Box 110806, Juneau, AK 99811-0806

Title: _____

Jurisdiction: _____

Date: _____